



# THE YOGA SHALA

## INDEMNITY AND LIABILITY RELEASE FORM

Name : \_\_\_\_\_

Email Address : \_\_\_\_\_

Contact Number : \_\_\_\_\_

I \_\_\_\_\_ (print name) hereby enter into the following release and waiver of liability, assumption of risk and indemnity agreement. I, for myself, my heirs, spouse, executors, administrators, personal representatives and assignees, waive, release, discharge, indemnify, hold harmless and agree not to sue The Yoga Shala, its officers, directors, shareholders, employees, agents, landlords, lessees, sponsors, representatives, volunteers, and affiliates (hereafter the "Released Parties") from, any and all liability, responsibility, damages, losses, claims, demands, actions, suits, judgments, costs and expenses (including attorneys' fees) resulting from personal injury, accidents, illnesses, death and/or property loss caused in any manner, including theft, fire and the simple, active or passive negligence of the Released Parties, by my participation in The Yoga Shala classes.

I acknowledge that I am taking part in physical activity, which could result in physical or other injury to me. I understand that injuries cannot be specified, but are not limited to strain of my muscles or joints. I understand that I participate in yoga classes entirely at my own risk.

I acknowledge the yoga classes offered through The Yoga Shala are based on the principles of yoga and include exercises to condition the cardiovascular system. These classes allow for a warm-up and cool-down period, and participants are advised to warm-up and to pace themselves during the class always working at their individual level of difficulty.

I acknowledge I have been advised to consult with my physician with respect to any past or present injury, illness, cardiovascular problem, knee problem, back problem, neck problem, osteoporosis, or any other condition that may affect my participation and ability to participate in and to endure the exercise programs, and knowingly assume all risks relating to my participation in The Yoga Shala.

I have read this agreement and fully understand its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signing on behalf of a minor please print full name of parent or guardian here : \_\_\_\_\_  
\_\_\_\_\_